

Programs for the Handicapped

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Rights of Handicapped**

**How the New Federalism
Affects Developmental Disabilities**

The Deaf Net Catches New Technology

Technology and the Disabled

**Sources for Statistics
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Supreme Court Rules on Rights of Retarded

In a landmark decision, the Supreme Court has ruled 8 to 1 that institutionalized mentally retarded patients have a constitutional right to treatment in the safest and least restrictive environment.

The court also said institutions must provide "minimally adequate or reasonable training . . . when training could significantly reduce the need for restraints or the likelihood of violence." However, it cautioned lower court judges to respect professional judgments of the institutions in determining whether these services were provided.

The court did not address the larger question of whether institutions have the obligation to provide habilitation and training to achieve their maximum potential. The opinion states, "This case does not present the difficult question whether a mentally retarded person, involuntarily committed to a state institution, has some general constitutional right to training per se, even when no type or amount of training would lead to freedom."

The case in question involved Nicholas Romeo, a 33 year old man with severe mental retardation who was legally committed in 1974 to the Pennhurst State School and Hospital in Pennsylvania. His mother brought suit in 1976 against the institution alleging that he had been injured on at least 63 occasions in a two-year period—both by himself and other patients as a result of his violent behavior. She also charged that Romeo had been repeatedly confined in physical arm restraints during portions of each day.

She sued the institution for damages claiming that Romeo's rights under the Eighth and Fourteenth Amendments had been violated.

The Federal district court ruled in favor of the defendants, but the Court of Appeals for the Third Circuit reversed the decision and ordered a new trial, holding that liberty interest protected under the Fourteenth Amendment provided the proper constitutional basis for the rights asserted by Romeo, rather than the Eighth Amendment, which prohibits cruel and unusual punishment of persons convicted of crimes.

Pennhurst appealed the decision of the district court, but the Supreme Court upheld the decision and ordered a new trial.

In a related case, *Mills v. Rogers*, the Supreme Court was asked to decide whether an involuntarily committed mental patient has a constitutional right to refuse

treatment with antipsychotic drugs. The court avoided a constitutional decision, however, and remanded the case for the lower courts to decide whether Massachusetts state law adequately resolves the issue.

High Court Rules Against Interpreters for Deaf Students

In its first decision on the Education for All Handicapped Children Act, P.L. 94-142, the Supreme Court ruled 6-3 that public schools are not required to provide sign language interpreters for deaf students.

Writing for the majority opinion, Justice William Rehnquist said that P.L. 94-142 "generates no additional requirement that the services provided be sufficient to maximize each child's potential 'commensurate with the opportunity provided other children.'" He added that the 1975 law was intended "more to open the door of public education to handicapped children than to guarantee any particular level of education once inside."

The decision overturned a lower court ruling that fourth-grader Amy Rowley of Peekskill, NY, was entitled to a deaf interpreter under the P.L. 94-142 requirement that handicapped students are entitled to a "free, appropriate education."

The Hendrick Hudson School District, joined by the National School Boards Association, appealed the lower court decision on the grounds that Rowley was being provided an "appropriate" education without an interpreter, and that to provide one would cost the school district \$20,000 to \$25,000 a year. The school district further stated that to provide interpreters for all the deaf students in the state would cost in excess of \$100 million a year.

The Supreme Court majority ruled that the requirements of the law were met if the school district was in compliance with P.L. 94-142 procedures and showed that an individualized education program (IEP) was developed by "reasonably calculated" means to ensure that individuals received educational benefits.

The high court left questions of methodology up to the states, and said it was not up to the courts to "displace the primacy" of states in the field of education.

CAB Issues Final Rule On Handicapped Travelers

The Civil Aeronautics Board (CAB) has ruled against discrimination aimed at handicapped air travelers on "certified carriers and commuters that are paid a subsidy by the Board," published in the June 16, 1982, Federal Register (47 FR 25935). This limited jurisdiction drew numerous negative comments by both the airlines and disabled groups, but it was "the difference between applying the rule to all carriers and having no rule at all," the CAB said.

Whether or not it is the ultimate ruling in the matter, it does represent the first step in making the individual handicapped person's air travel a convenience rather than an ordeal, or in many instances a possibility.

The rule consists of three parts, the first of which covers certified carriers (most major airlines) and contains only a general nondiscrimination provision. The second and third parts, which contain more detailed provisions, apply only to air carriers receiving a direct subsidy from the Board (a limited number of small and intermediate carriers).

The CAB describes a "qualified handicapped person" as one who can pay for the fare, will not jeopardize the health or safety of his fellow passengers (that is, will not violate the requirements for the Federal Aviation Regulations), and is willing and able to comply with reasonable requests of the airline personnel. Those who cannot comply with reasonable requests themselves may still be carried if they are in the company of an attendant who will help them comply with these requests. The CAB defines "reasonable requests" as the same kinds of requests that the airline makes of its able-bodied passengers. For instance, children are not seated next to an emergency exit because they cannot open it in case of a real emergency. Feeding one's self also falls under the category of "reasonable requests," but the CAB has taken particular care to modify this restriction.

"Minor assistance with meals, such as opening silverware packages or describing the type and location of foods on a tray is not extraordinary service" under the ruling. Attendants would be required to accompany individuals who are unable to feed themselves and to use the lavatories themselves. However, the CAB specifically notes that handicapped persons unable to feed themselves may forego meals on a plane and provide for their own adequate waste disposal system and thus avoid the expense of paying for an attendant's fare. In these circumstances they cannot be refused passage without an attendant.

Air carriers which receive a direct subsidy must make their facilities, services, and reservation systems readily accessible and useable by handicapped persons. Not every aspect of the terminals, planes and reservation desks must be accessible, but the system itself must be accessible.

In clarifying this aspect, the CAB noted that both blind and deaf passengers will need modifications of the current airline information systems to learn about flight delays, schedule changes, gate changes, and emergency information. These modifications must be in place by December 12, 1982.

In an effort to make travel as comfortable for the handicapped as it is for the able-bodied, the CAB ruled that subsidized carriers allow blind persons to bring their dog guides on board and that canes and crutches must be stowed within reach during flight. Subsidized carriers must also make every effort to accommodate folding wheelchairs in the on-board baggage area. Where this is not possible, the wheelchairs must be stowed in an immediately accessible baggage area to allow handicapped persons to board and deplane with the use of their own wheelchairs. Battery-operated wheelchairs must also be allowed as baggage where they meet the standards published by the Materials Transportation Bureau, June 7, 1982, (47 FR 24582).

Wheelchairs were also removed from the fragile baggage category. "Carriers shall assume the same liability, and offer the same excess valuation coverage for personal wheelchairs that they do for ordinary baggage," ruled the CAB.

With a 48-hour notice the designated subsidized carriers are now expected to provide all the specialized assistance needed to help mobility impaired persons to board and deplane as well as catch connecting flights, recover their baggage, and connect with transportation away from the terminal.

One year after the rule goes into effect (June 15, 1983) all subsidized carriers affected must conduct an evaluation to determine whether they have become accessible to handicapped passengers. This evaluation must include consultation with handicapped persons.

For further information or a copy of these rules, contact: David Schaffer, Office of the General Counsel, Rules and Legislation Division, Civil Aeronautics Board, 1825 Connecticut Ave., N.W., Washington, DC 20428, (202) 673-5442; and/or Edward Mazzulo, Standards Division, Office of Hazardous Materials Regulation, Materials Transportation Bureau, Department of Transportation, 400 7th Street, S.W., Washington, DC 20590, (202) 426-2075.

HHS Says Handicapped Infants Covered under 504 Law

The Department of Health and Human Services has reminded health care providers across the nation that Federal law prohibits them from denying care to handicapped infants solely because of their handicaps.

"In the aftermath of the recent death of a handicapped newborn child in Bloomington, Indiana, there has been a great deal of justified public concern about the protection of newborn infants with birth defects and their

right as human beings to receive appropriate medical treatment," stated HHS Secretary Richard S. Schweiker.

"President Reagan and I share this concern, and the President has instructed me to make absolutely clear to health care providers in this nation that Federal law does not allow medical discrimination against handicapped infants."

In a letter to 6,800 hospitals which receive Federal financial assistance such as Medicaid or Medicare funds, Betty Lou Dotson, director of HHS's Office for Civil Rights, reminded hospitals that Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) provides that "no otherwise qualified handicapped individual . . . shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program activity receiving Federal financial assistance . . ."

The notice reminds recipients that: "Under Section 504 it is unlawful for a recipient of Federal financial assistance to withhold from a handicapped infant nutritional sustenance or medical or surgical treatment required to correct a life threatening condition if: (1) the withholding is based on the fact that the infant is handicapped; and (2) the handicap does not render treatment or nutritional sustenance medically contraindicated."

The notice further advised hospitals that violations of Section 504 can result in termination of Federal funding, and noted the continued applicability of state laws, where they exist, prohibiting the neglect of children, requiring medical treatment, or imposing similar responsibilities.

"In providing this notice," Schweiker said, "we are reaffirming the strong commitment of the American people and their laws to the protection of human life."

Transit Systems Making Effort To Meet Needs of Handicapped

The U.S. General Accounting Office (GAO) has recently published a report entitled *Status of Special Efforts to Meet Transportation Needs of the Elderly and Handicapped*, based on a survey of special efforts being made to accommodate the transportation needs of elderly and handicapped persons. The survey was conducted at the request of five members of the Senate Committee on Banking, Housing and Urban Affairs. Through telephone inquiry, GAO gathered information from 84 transit systems in 33 states and the District of Columbia.

All of the transit systems, as well as all others receiving Federal assistance, have certified that they are making special efforts to meet the transportation needs of handicapped persons. This certification procedure is required under a Department of Transportation interim rule issued on July 20, 1981. Under this policy, local communities bear the responsibility of deciding what

form of transportation service disabled people will receive.

Of the 84 transit systems contacted, 70 provide bus service only, 13 provide a combination of bus and rail service, and one provides only rail service. About 48 percent of the 83 bus systems currently offer regularly scheduled service using lift-equipped buses or intend to start this service this year. Only four of the 14 rail systems currently have a significant portion of their stations accessible to handicapped persons. Almost 80 percent of the systems contacted provide some type of paratransit service for disabled persons, usually demand-responsive systems using buses, vans, or taxis.

Of the 66 systems with paratransit services, 38 prioritize service when demand exceeds capacity, and most of these give highest priority to either medical or work trips. Fifty-three of the systems require 24 hours or less advance request time for use of the service. While 16 of the 66 systems never had to deny requests for service, the majority deny service from one to 25 percent of the time.

Seventy-two of the 84 transit systems contacted indicated that they coordinate their special efforts transportation programs extensively with local handicapped groups. The representatives of handicapped groups contacted generally believed that coordination with elderly and handicapped organizations could be improved.

Copies of *Status of Special Efforts to Meet Transportation Needs of the Elderly and Handicapped* are available from the U.S. General Accounting Office, Document Handling and Information Services Facility, PO Box 6015, Gaithersburg, MD 20760, (202) 275-6241. There is no charge for orders of five copies or less. Additional copies may be purchased for \$3.25; checks should be made payable to the Superintendent of Documents.

Correction

Ten bulletins developed and tested by the Cooperative Extension Service, U.S. Department of Agriculture, were listed in the March/April issue of *Programs for the Handicapped* as free of charge. We have learned that there is a minimal charge to cover the cost of the bulletins as follows: *A Look at Some Myths Regarding Handicapped Individuals* (\$.25); *An Extension Workers Guide to Serving the Handicapped* (\$.25); *An Overview of Handicapping Conditions* (\$.25); *Cooperative Extension Project for the Handicapped—Administration and Organizational Manual* (\$.25); *Eliminating Architectural Barriers in the Community* (\$.25); *4-H for the Handicapped Activities Handbook* (\$.75); *4-H for the Handicapped in Institutions* (\$.25); *Involving the Handicapped in 4-H* (\$.25); *Laws and the Handicapped* (\$.25); and *Organizing Parents of the Handicapped* (\$.25). Contact: Cooperative Extension Project for the Handicapped, Utah State University, Exceptional Child Center, UMC 68, Logan, UT 84322, (801) 750-2036.

How the New Federalism Affects Developmental Disabilities

(The following remarks by Jean K. Elder, Commissioner of the Administration on Developmental Disabilities (ADD), HHS, are excerpted from a June 29, 1982 speech before the National Association of Rehabilitation Facilities in Indianapolis, Indiana.)

As Commissioner on Developmental Disabilities, I am continually impressed, as I travel around this country, by the quality and dedication of the thousands of volunteers and professionals at every level, who have committed their professional and personal lives to the service of disabled people.

I would like to talk to you about the President's "New Federalism," and how it will affect the administration of the developmental disabilities program throughout the country.

In reality, this "New Federalism" builds upon some basic principles that have always been present in our two hundred year history as a nation. The dynamic and adaptive quality of the unique "American Federalism" has enabled our form of democratic government to endure despite a multitude of crises, and considerable divergence of opinion. During the past 10 to 15 years, there has been a renewed effort by every succeeding President to reassess those values. Under the Reagan Administration, numerous proposals have been developed and introduced which, if successful, will have a profound effect on the structure of Federal funding and the system of intergovernmental relations.

In formulating ADD's program strategy, we made the following assumptions, based on the President's New Federalism.

First, that the role of the Federal Government in the health and human services area has changed—that the well-being of the public is primarily the responsibility of individuals, their families and the communities in which they live. Further, when services are needed, public or private organizations and State and local officials are in the best position to make programmatic decisions.

There is also a great debate under way about how much, in this era of financial constraint, the Federal Government should be investing in social programs.

And, just to make the debate a little more interesting, President Reagan has proposed a revitalization of the important traditions of voluntarism and philanthropy—in other words, a renewed sense of community. This has been the backbone of many of our programs, and can result in a reduction of the Federal presence while still responding to the legitimate social needs of our citizens.

Let me say something first about the developmental

disabilities program in the context of the philosophy of this Administration. Since its inception in its present form in 1970, the DD program has been operating in a manner consistent with the expressed aims of the Administration. Our formula grant dollars have been distributed among the States, giving them broad discretion for planning, administering, and initiating services that both State officials and citizens deem to be most urgently needed by the developmentally disabled.

These DD funds, in turn, furthered the development of new services focusing on the needs of DD people—resulting in the creation of a range from less restrictive options to more highly structured institutional care options. Previously-dependent persons were helped to become more involved in the mainstream of community life; or at least less dependent. Some, despite severe handicaps, have become tax payers instead of tax consumers.

Another feature of the DD program is the high degree of latitude given to the States in implementing the program, with the focus on making the best use of available resources—State, local and private, as well as Federal—to meet the needs of DD people.

These assumptions have led us to a statement of general program purpose:

Our mission is to assist the States to assure that persons with developmental disabilities receive the care, treatment, and other services necessary to enable them to thrive. The system will coordinate, monitor, plan and evaluate those services, and ensure the protection of the legal and human rights of people with developmental disabilities.

Specifically, our purpose is:

1. To assist in the provision of comprehensive services to persons with developmental disabilities, giving priority to those individuals whose needs cannot be met by other health, education or welfare programs;
2. To assist State DD Councils in appropriate planning activities;
3. To make grants to develop and establish innovative habilitation techniques and model programs;
4. To make grants to University Affiliated Facilities to assist them in administering and operating programs for demonstrating exemplary services, and providing interdisciplinary training for personnel who provide the generic and specialized services needed by people with developmental disabilities; and
5. To make grants to support a Protection and Advocacy System in each State to protect the legal and human rights of DD people.

It might be helpful at this point to take a look at the "new" functional definition of "developmental disabilities," as stated in the 1978 legislation. The term "developmental disability" means a severe, chronic disability which:

- Is attributable to mental or physical impairment, or a combination of both;
- Is manifested before the age of 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more of the following areas of major life activities:
 1. Self Care
 2. Receptive and Expressive Language
 3. Learning
 4. Mobility
 5. Self-direction
 6. Capacity for independent living
 7. Economic self-sufficiency

This definition narrowed our client population to the most severely disabled of the nation's handicapped population, and actually reduced the estimated eligible population from about 5.5 million to 3.9 million, using functional criteria rather than the earlier categorical definition.

The Administration on Developmental Disabilities has set five major program goals for this year. The first is improved State administration. We plan to pursue this goal by helping States to improve their capacity to review and monitor programs serving DD people. To do this, we are developing the Voluntary Program Administrative Reviews, or VPARs (pronounced Vapors). We will develop a self-assessment instrument and a procedural manual and disseminate both to the States. Upon State request, ADD will develop a plan for providing or arranging technical assistance.

Secondly, we intend to assist States, through a resource utilization strategy, to effectively meet the needs of persons with developmental disabilities.

Our aim is to provide maximum opportunities for the voluntary and private sectors to participate on behalf of DD persons, in cooperation with our OHDS emphasis on these underutilized resources.

Furthermore, to decrease dependence on Federal seed monies, ADD will survey the States to determine the numbers and types of services which tend to require continued support, and to identify exemplary models of State DD program efforts to secure non-Federal support for sub-grant projects. These findings will be disseminated to the States.

In furtherance of our agency goal of assisting States and grantees to direct their resources to the most needy DD persons, we have initiated the following activities:

1. We have disseminated an operational definition of "developmental disabilities" to the States, which will assist them in determining who meets the statutory functional definition. By the end of next Fiscal Year, we

aim to have 100% of persons served by DD programs meeting the new criteria.

2. Model specifications for case management and individualized habilitation planning (IHP) will be field tested in three States during the next 18 months. By the end of next Fiscal Year, at least 13 States should be using the new case management strategies. Technical assistance will be provided by experts in the field, as needed. Results will be disseminated.

Regarding technical assistance (TA) to States, the Federal role will be on request and limited to:

- 1) Assisting States in determining their TA needs;
- 2) Establishing a clearinghouse of potential TA resources for use by the States;
- 3) Serving as a broker of outside TA resources to States, and evaluating the effectiveness of such technical assistance;
- 4) Providing direct technical assistance only in those areas which relate to the interpretation of Federal law, regulations, and policy issuances; and
- 5) Where Federal funds are transferred to States or organizations for the direct provision of technical assistance, to assess the cost effectiveness of these activities.

Our last goal is to improve agency management, by getting our new management information system operational by the end of this Fiscal Year. The MIS will incorporate fiscal and programmatic data from State plans, program performance reports, and program administration reviews for both the Basic State Grant Program and the Protection and Advocacy System. In addition, the MIS will include the technical assistance resource bank and the University Affiliated Facilities data bases. We anticipate that this system will not only improve our internal management capability, but also permit us to be much more responsive to your data and other information needs.

As you know, last year the Administration and Congress agreed to consolidate over 25 HHS categorical grant programs into seven block grants to States. This action resulted in the return of decision making on priorities to the States, a reduction of 300 pages of cumbersome and restrictive Federal regulations, and decreases in administrative costs.

This year's budget request represents another step in this direction, and proposes to consolidate another four programs into the Primary Health Care and Maternal and Child Health block grants, and to create a new block grant for Child Welfare programs from four existing categorical programs.

The Developmental Disabilities program is *not* included in this new proposal.

Since the FY 83 Presidential request is substantially below the FY 82 level, we in the Executive Branch must make our plans based on major changes in the Federal/State partnership. Our plans must include our im-

(See *New Federalism*, page 20)

The Deaf Net Catches New Technology

If someone asked you how many times a day you use the telephone, what would you say? Five times, twenty times, over thirty? Most people use the telephone so frequently they couldn't come up with an accurate figure. We take for granted the unlimited supply of information and services the telephone provides, and it's hard to imagine what life would be like without it.

Yet an estimated 800,000 seriously hearing impaired Americans do not enjoy this great convenience. The result has been an ever-widening information and communication gap between the deaf and the general public. The potential remedy for this inequity lies in the marked technological advances in the communications industry.

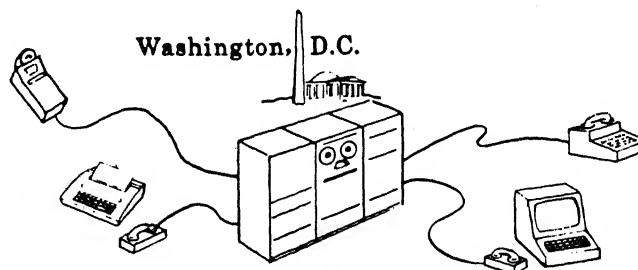
The first breakthrough came in 1964, when Robert Weitbrecht, a deaf engineer, developed an acoustic coupler that would allow existing teletypewriters (TTYs) to transmit and receive messages over standard consumer telephone lines. Although TTYs had been in use for some time by news services using special telecommunications networks, they had never been able to transfer messages over the regular telephone network. Standard telephone lines and switching equipment are designed to accept signals covering a narrow (voice) frequency band, and cannot handle the frequencies generated by TTY transmission. Weitbrecht's device took these incompatible signals and changed them into frequencies that the phone system could handle without destroying the integrity of the information they contained.

It was no accident that Weitbrecht began his work around the same time that a ready and inexpensive surplus of TTYs became available. These devices had been rendered obsolete by the telecommunications industry, which had developed more sophisticated equipment, utilizing a faster, more versatile eight-level code, as opposed to the older five-level system. Seeing a way for the deaf population to cash in on the availability of the obsolete devices, Weitbrecht developed his coupler. For the first time in history, deaf individuals with an average income could afford a device that would provide long-distance communication links with others owning similar equipment.

Unfortunately, the estimated 40,000 older TTYs now in the hands of deaf people are incompatible with the literally millions of new TTYs and computer terminals in use today. This effectively bars the deaf population from taking advantage of a proliferation of new personal computers, satellite and other transmission systems and computerized data bases. But hope is on the horizon here too.

The Birth of Deaf Net

One outgrowth of booming computer technology with powerful potential benefit for the hearing impaired is



An integration of selected communication services for use by the deaf community on a nationwide basis.

the advent of "electronic mail," which involves a central computing facility that stores messages and other data for retrieval later. This eliminates the need for a person to be "available" to receive messages. It also allows the user access, through a home computer, to a growing number of consumer and professional data bases offering electronic mail and similar services.

In 1978, the Department of Education funded two projects to demonstrate the feasibility of modifying electronic mail for use by deaf individuals. Although limited in outreach, both projects proved extremely popular with deaf users and convincingly demonstrated that electronic mail systems can be made accessible to deaf persons at reasonable cost using conventional hardware.

One of the projects used two computers, located at Gallaudet College in Washington, D.C., and SRI International (the project contractor) in Menlo Park, California. The two systems not only provided electronic mail services for persons in the test areas, but were also interconnected, allowing a deaf person in the Washington area, for example, to send messages to someone residing in California. These computers were also modified to allow a person using a five-level TTY to communicate with an individual using a modern eight-level computer terminal, thus overcoming one of the greatest barriers to a nationwide communication and information service for the deaf.

Aside from the technical considerations which provided compatibility, operating instructions and user commands to the computer were made as simple as possible to compensate for the language and concept problems experienced by some deaf users. For example, if an individual typed only part of a command, the computer executed the command anyway. But if the user appeared to be having trouble, the computer referred them to the "Help Service" which explained the proper use of the system. If an ambiguous command was typed into the computer, it responded by printing out a list of alternative commands with

explanations that could be used instead. Many users found this computer-generated assistance quite helpful.

Another service involved the use of public mailboxes, or electronic bulletin boards, which could be accessed at any time by any one of the participants. These bulletin boards contained such information as daily local and national news, health information, and special movie and captioned film announcements.

In surveys conducted by SRI of the Washington, D.C. Deaf Net users, it was found that by far the most popular aspect of the system was the ability to send and receive messages using electronic mail techniques. Many respondents commented on how convenient it was to use the system at one's leisure, with neither individual having to worry about finding the other party home or being interrupted when one is busy.

As part of the project, SRI prepared a set of three technical reports: *Service Delivery Demonstration*, *Technical Survey and Assessment*, and *Nationwide Deaf Network and Associated Services Design*. In these publications, SRI provides a detailed description of the project, assesses the state of the art in communications technology, and presents the framework for the development and evaluation of a nationwide information system for hearing impaired persons. These publications are available as a set for \$75 from the Business Intelligence Program, Office IT248, SRI International, 333 Ravenswood, Menlo Park, California 94025, (415) 326-4330. When ordering, reference File Number 80-536. All orders must be prepaid.

In addition, SRI, under a grant from the National Telecommunications and Information Administration of the Department of Commerce, prepared a report on the commercial feasibility of establishing a nationwide Deaf Net system, that would have five-to eight-level terminal compatibility, within the next five years. The resulting positive projection is detailed in their report, A

Nationwide Communications System for the Hearing Impaired: Strategies Toward Commercial Implementation, File Number 82-700. This report is available for \$30 from SRI.

SRI is presently working with a grant from the National Science Foundation to explore the possibility of developing a voice-to-text system that would allow deaf individuals to telephone nonhearing-impaired persons. A speech synthesizer would translate the message typed by the deaf person into speech. The spoken responses of the hearing person would pass through a speech analysis component of the deaf person's computer which would type the resulting message so that it could be read by the deaf person. Although this project is in the experimental stage, SRI believes that the technology is presently available to produce such a system in the not too distant future.

Another Deaf Net project initially funded by the Department of Education has its headquarters at the At Deaf Community Center, Bethany Hill, Framingham, MA 01701, (617) 875-3617 (voice), and (617) 875-0354 (TTY). This project provides similar services to deaf persons in the Boston area as those provided by the SRI project. Their electronic mail service is known as telemail, operated by GTE Telenet Communications of Vienna, Virginia, which presently funds the project.

An exciting feature of Deaf Net is that although it will not accept input from five-level TTYs, the service is presently available nationwide to anyone having access to an eight-level terminal. Thanks to the national availability of the GTE Telenet System, a deaf person anywhere in the country can communicate via electronic mail with friends and relatives across the nation who also subscribe to the system.

To use this system, a user simply dials a local phone number, which connects him/her to the telemail system. The person then places the telephone receiver into an acoustic coupler, types in identifying information, and then proceeds as desired.

Any one of a variety of home computers presently on the market, fitted with an acoustic coupler, can access the system. For a monthly fee, Deaf Communications Institute, Inc. (DCI), the project sponsor, assigns a private mailbox number to the user, who can then access the system at any time of the day or night. DCI has a number of terminals which it lends to Deaf Net participants. From time to time, these users purchase their own home computing equipment, freeing up the DCI-owned terminals to be placed with new users of the system. Interested individuals are encouraged to contact DCI. For the deaf person who wishes to update his/her TTY equipment and at the same time take advantage of the nationwide service, the Framingham Deaf Net Project is ideal.

Direct terminal to terminal communication is not possible with this system, but through a clever computer-conferencing technique, two or more individuals can carry out conversations using the computer as an intermediary. (See *Deaf Net*, page 20)



Alfred Marotta (seated) demonstrates how the Deafnet system works as James Emery and Mimi LaPlante (right) look on. Pointing to the information displayed on the terminal is Mary Robinson, executive director of Deaf Communications Institute, Inc., Framington, MA.

OTA Issues Report on Technology and Disabled

The Office of Technology Assessment (OTA), U.S. Congress, recently published a report, *Technology and Handicapped People*, the result of a comprehensive study conducted by OTA at the request of the Senate Committee on Labor and Human Resources. The study addresses ways in which technology may be used to mitigate the effects of impairments, the processes involved in developing and distributing technologies, and the role of the Federal Government in directing those technological processes. Technologies considered are primarily those intended for individuals. The report's major conclusion is that "despite the existence of important problems related to developing technologies, the more serious questions are social ones—of financing, of conflicting and ill-defined goals, of hesitancy over the demands of distributive justice, and of isolated and uncoordinated programs." While various laws and programs already in place work to increase use of aids and devices by handicapped people, these initiatives are not coordinated with each other and often have contradictory goals.

In developing a conceptual basis for the examination of policies related to technology and disabled people, the OTA project staff formulated guidelines to determine when technology is considered appropriate: when its development and use 1) are in reaction to, or in anticipation of, defined goals relating to problems or opportunities in the disability area; 2) are compatible with resource constraints and occur in an efficient manner; and 3) result in desirable outcomes with acceptable negative consequences or risks to parties at interest. The key to appropriate development and use of technologies lies in finding a compromise fit between the needs, desires, and capabilities of users and other relevant parties, and the costs, risks, and benefits of technologies. At times, the compromise decision process becomes extremely complex. The report discusses the factors which need to be taken into account by decision makers (the disabled person, parents, counselors, physicians, insurance companies, teachers, etc.), and presents a series of steps which should be part of the decision process: determining the goals and objectives of each party involved in making the decision; evaluating the needs, desires, and capabilities of the handicapped person; identifying the full range of possible technological options; and analyzing characteristics of each of the technologies under consideration.

In discussing the steadily increasing Federal role in disability-related research and development (R&D), the study points out that Federal involvement remains small in comparison with the number of people affected and the complexity of research problems involved. The organizations expending the greatest effort, as measured by the size of their R&D budgets, are the National Institute of Handicapped Research (NIHR), the Veterans Administration, the National Institutes of

Health, and the Special Education Programs Office. The National Aeronautics and Space Administration is also involved in this field as a result of technology transfer efforts stemming from its primary mission.

A recent survey conducted for NIHR found that the Federal Government spends about \$66 million a year on R&D related to technologies for disabilities. However, the government also spends about \$36 billion a year to support the income of disabled people. Thus, its R&D expenditures in this area represent only 0.2 percent of its income transfer payments. By comparison, the government's total health care R&D accounts for about 2 percent of its total health care costs.

In theory, evaluation research is an integral part of the R&D process. In reality, it is often done only in an oversimplified fashion or with inadequate funding. There are not enough activities like the NIHR evaluation of selected devices produced outside of its research centers. OTA found that there was a lack of public-private sector partnership in conducting evaluations and that a coherent, adequately funded and focused program of evaluation is needed at all levels of diffusion and adoption of technology for disabilities. Such a finding is particularly crucial in view of the possibility of an increase in the number of technological advances becoming available, e.g. communications devices and mobility aids.

There are many additional problems involved in the diffusion and marketing of technologies for disabled people, such as: the disability market population is ill-defined; the economic status of users is often far below the median; technologies often do not appear viable from a strictly market perspective.

The use of technologies by disabled people appears to depend primarily, but not entirely, on the public and nonpublic programs for which the individual users are eligible. This is partly because many disabled people have lower than average earnings and partly because the variety of programs that exist are the primary source of information on available technologies. Information disseminated through public programs is often fragmented, since many of the programs cover discrete subject areas and are uncoordinated. Strengthened information dissemination in a coordinated fashion is urgently needed.

OTA developed a number of policy options designed to provide Congress with a series of alternative actions and discussion of the possible consequences of implementing them. These options address a wide range of problem areas: making current technologies available to the people who need and desire them, consumer involvement in the development and delivery of technologies, organizational funding of R&D activities, evaluation and dissemination of evaluative information, financial barriers to the acquisition of technologies by disabled people, and assurance of an adequate number of well trained personnel at all stages of the development

(See OTA Report, page 13)

Sources for Statistics on Disability

Disability statistics are important to many organizations for a variety of purposes. State and local agencies need them to plan for services. Voluntary organizations serving people with particular handicapping conditions need reliable estimates of the size of their target populations. Companies manufacturing aids for disabled persons must gauge the extent of demand for their products.

The main source of information on disabling conditions is the Federal Government, which through comprehensive surveys conducted by the Bureau of the Census, the National Center for Health Statistics, and other agencies has made available data on various diseases and conditions, sometimes correlated with limitation of activity and other variables. However, there is no single information source for disability statistics. Each agency compiles data for its own purposes, using its own definition of "disability" and often limiting data collected to a specific age group, to the noninstitutionalized population, or according to some other variable. The effect of these limitations is excellent coverage of some areas and little or none of others. There is not much information on preschool handicapped children, for example, or on aging persons or institutionalized persons. The prevalence of mental illness has only been estimated; we know little about numbers of mentally ill persons who do not seek help at hospitals or clinics.

We have included two federally supported centers which make available reports covering data otherwise hard to obtain, the Center for Residential and Community Services and the National Rehabilitation Information Center.

Persons interested in specific disabilities can often get help from the national voluntary organizations which serve people with these conditions. For example, the American Foundation for the Blind is an excellent source of statistics on visual impairments. The National Association of the Deaf has conducted a census on deafness. The Epilepsy Foundation of America has estimated the number of persons with epilepsy. The Association for Retarded Citizens has information on the prevalence of mental retardation. These organizations are described in the *Directory of National Information Sources on Handicapping Conditions and Related Services* published by the Clearinghouse on the Handicapped and available for \$7.50 from the Superintendent of Documents, Government Printing Office, Washington, DC 20402. (The price and stock number for the 1982 edition are not yet available.) See the May-June issue of *Programs for the Handicapped* for a description of the computerized database developed by the Clearinghouse on organizations with information on handicapping conditions.

In addition, state agencies often have a wealth of statistical information on various aspects of disability. Many developmental disabilities agencies have data banks on clients served. Vocational rehabilitation agencies frequently can give detailed information on clients served. Health and labor departments, the Governor's Committee on Employment of the Handicapped, and the state office responsible for maintaining census data are other possible sources of statistical information. Also, various state and local jurisdictions have established offices for disabled individuals and may be aware of local statistical resources.

Bureau of the Census

The Bureau of the Census has recently made available the 1980 Census data on work disability and transportation limitations. The disability questions were part of the "long" census form

sent to about 20% of the population. A report entitled *Provisional Estimates of Social, Economic, and Housing Characteristics* presents an analysis of just 8% of the total of these sample questionnaires (or approximately 1.5 percent of the total population).

The estimates for noninstitutionalized persons aged 16 to 64 with a work disability is 12,402,995. Of these, an estimated 7,705,682 are not in the labor force and 6,401,149 are prevented from working. The estimates for persons with a public transportation disability are 2,619,428 for noninstitutionalized persons aged 16 to 64 and 3,612,882 for noninstitutionalized persons 65 and over. Figures for work and transportation disability for each state are included in the report, which can be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (\$5.50, stock number 003-024-03626-6). Readers are cautioned in the report introduction that the estimates given are provisional and may differ somewhat from those based on the full sample. Final sample data on work and transportation disability will appear in *Characteristics of the Population, General Social and Economic Characteristics* to be published on a state by state basis later this year. However, all state volumes may not be available in 1982. Computer tapes containing the disability statistics for state and local areas are currently being produced. Information on techniques and procedures used in the census may be obtained by writing to the Director, Bureau of the Census, Washington, DC 20233.

Much more detailed, though less recent, information was gathered during the 1976 Survey of Income and Education, conducted by the Bureau of the Census to obtain information on a wide variety of variables. The published report *Demographic, Social, and Economic Profile of States: Spring 1976* includes statistics on the work disability status of persons aged 18 to 64 by state and sex. More detailed information from the survey is available in the forms of unpublished data (photocopies of tables) covering type of disability, limitation of activity, state, sex, race, marital status, and other variables. Some data are available for persons 3 to 17 years old. Requests for these tables should be directed to the Population Division, Bureau of the Census, Washington, DC 20233, (301) 763-4100. There may be a charge to cover photoduplication of the material.

Users may also access a microdata file on computer tape containing statistical information compiled from the Survey of Income and Education in order to obtain other types of analyses. The Customers Service Branch, Data Users Services Division, Bureau of the Census, Washington, DC 20233, (301) 763-4100, handles requests for this service, for which there is a charge.

Social Security Administration

The Social Security Administration (SSA) has conducted a series of studies in recent years to examine the prevalence and incidence of work disability among the adult population of the United States. The 1978 Survey of Disabled Adults provides data on the nature and extent of work limitations among the civilian non-institutionalized population aged 18 to 64; public knowledge of disability programs; work incentives, as these influence whether a disabled person will apply for benefits, continue working, or if a beneficiary will return to work; and the nature of the adjustment to work disability.

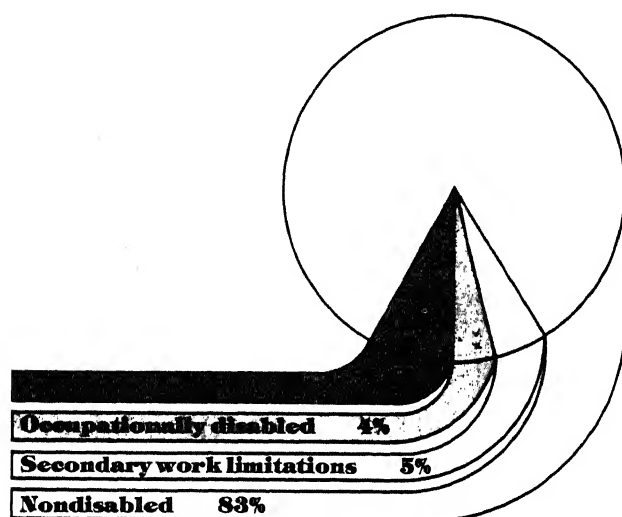
The total survey sample consists of 12,000 persons: 7,000 selected from the National Health Interview Survey (described

below in the section on the National Center for Health Statistics), 4,500 recent beneficiaries, and 500 recent denials drawn from SSA records.

A preliminary analysis of the data are presented in *Work Disability in the United States: A Chartbook*, available for \$4.50 from the Government Printing Office (stock number 017-070-00360-5). As reported in this publication, in 1978 more than 21 million adults of working age were limited in their ability to work due to a chronic health condition or impairment. In other words, 165 of every 1,000 adults were disabled. Approximately half of this number, or 10.7 million adults, were severely limited and thus unable to work altogether or to work regularly.

The Chartbook also contains estimates for the following variables: sex, age ranges, race (white, black, other, and Hispanic origin), geographic distribution, marital status, education, income, and others. The table below summarizes survey findings on work disability.

Seventeen percent of all adults of working age, some 21 million people, are limited in their ability to work.



The SSA will continue to publish reports on the 1978 Survey of Disability and Work through 1984, when it is expected that a final report will be produced.

The SSA also conducted the 1974 Followup Survey of Disabled and Nondisabled Adults, which examines changes over a two year period in the disability and economic status of the working-age population and relates the changes to eligibility for social security benefits. Data were collected in personal interviews with 16,000 persons who had been previously interviewed in 1972. Reports published to date include: *General Characteristics*, *Work Experience of the Disabled*, and *Functional Capacity Limitations*.

The longitudinal Retirement History Study provides data on changes in the lives of workers resulting from retirement and aging, sociohistorical changes, economic cycles, and changes in government programs. This 10-year study is based on a national sample of 11,153 persons aged 58 to 63 and over at the time the study began in 1969. Reports issued to date include several which cover health characteristics, such as *Health in the Years Before Retirement* and *RHS's First Four Years: Work, Health, and Living Arrangements*.

A catalog entitled *Research Publications and Microdata Files* is available free upon request from the Office of Research and Statistics, Office of Policy, Social Security Administration,

1875 Connecticut Avenue, N.W., Washington, DC 20009, (202) 673-5576.

National Center for Health Statistics

The most recent general information on disability available from the National Center for Health Statistics (NCHS) is data from the 1977 National Health Interview Survey. Prevalence estimates for the civilian noninstitutionalized population were computed for ten major types of impairments, based on a sample of about 110,000 persons. During 1977, an estimated 11.4 million persons had visual impairments, including about 1.4 million with a severe impairment. Hearing impairments were estimated at 16.2 million, about half of which involved both ears. Other estimates are as follows: 2 million speech impairments; 1.5 million persons with complete or partial paralysis, about half of which involve complete paralysis of the extremities and trunk; and about 358,000 persons with major extremities missing. More detailed analysis of the data, including variables such as sex, race (white and all other), income, education, and limitation of activity, are given in the report *Prevalence of Selected Impairments*, available free while the supply lasts from the National Center for Health Statistics, Office of Health Research, Statistics and Technology, Public Health Service, 3700 East-West Highway, Room 1-57, Hyattsville, MD 20782, (301) 436-8500.

Another NCHS report, *Use of Special Aids*, also based on data collected in the National Health Interview Survey in 1977, gives statistics on the use of artificial limbs, braces, crutches, canes, wheelchairs, walkers, and other special aids. All estimates are for the civilian noninstitutionalized population. The estimate for wheelchair users is 645,000, about half of which (53.5 percent) used the wheelchairs all the time. Free copies of the report may be obtained from NCHS at the above address; the supply is limited.

The Center has published a series of reports on nursing homes, including *Characteristics of Nursing Home Residents: Health Status and Care Received*, which analyzes part of the data collected during the 1977 National Nursing Home Survey. This publication is available only from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. The price is \$6.50 and the stock number is 017-022-00742-8.

NCHS publishes reports covering arthritis, new amputations, diabetes, heart disease, and other conditions. Requestors may obtain the *Catalog of Publications of the National Center for Health Statistics*, an index to the Center's major reports according to demographic and socioeconomic variables. Section I includes topics and variables related to health status of individuals; Section II covers the characteristics of health facilities and manpower.

Department of Transportation

The Urban Mass Transportation Administration, Department of Transportation, funded a comprehensive study on the transportation handicapped population in urban areas of the U.S. In 1977 a survey was conducted to obtain information on the characteristics and travel behavior of transportation handicapped people. Based on this survey, from which information was collected from a sample of 42,349 individuals, it is estimated that there were 7,440,000 transportation handicapped persons in the urban U.S., representing 5% of the urban population five years of age and over and 12.1% of urban households.

Among the transportation handicapped, it is estimated that in 1977 there were:

1,938,600 who use mechanical aids
 1,572,800 with a hearing dysfunction
 1,566,000 with a visual dysfunction
 409,200 who use a wheelchair
 3,502,300 who have other problems.

There is some overlap among these specific disability groups; more than 15% of the transportation disabled have more than one of the first four impairments listed.

The report also gives estimates of the number and purpose of trips taken by transportation handicapped people, and discusses transportation barriers, latent travel demand of this population, and alternative solutions.

Copies of the *Summary Report of Data from the National Survey of Transportation Handicapped People* are available at no charge from the Service and Methods Demonstration Program, Office of Transportation Planning, Management and Demonstrations, Urban Mass Transportation Administration, Department of Transportation, URT-30, Washington, DC 20590, (202) 426-4984. The complete *Technical Report of the National Survey of Transportation Handicapped People* may be purchased for \$24 from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161, (703) 487-4650.

Veterans Administration

The *Annual Report* of the Administrator includes statistical tables on the prevalence of disability among veterans, and may be obtained from the Reports Preparation Division, Office of Reports and Statistics, Veterans Administration, 810 Vermont Avenue, N.W., Washington, DC 20420, (202) 389-3677. The 1981 edition of the report is currently available.

Birth Defects Monitoring Program

The Birth Defects Monitoring Program (BDMP) is a collaborative effort involving two government agencies and two private, nonprofit organizations: the National Institute of Child Health and Human Development, the Centers for Disease Control, the March of Dimes Birth Defects Foundation, and the Commission on Professional and Hospital Activities, Ann Arbor, Michigan. The primary purpose of the BDMP is to monitor the incidence of birth defects and other newborn conditions. Although this data source is not population-based and not a random sample of U.S. births, it nevertheless represents the largest single source of uniformly collected and coded discharge data on birth defects in newborn infants. A total of 161 defect categories are analyzed to determine increases or other unusual trends. Currently, data on 763,419 births in 955 hospitals are used in the BDMP. The latest data available, with incidence rates, are from 1980, and are included in the report, *Congenital Malformations Surveillance* (1982), distributed by the Centers for Disease Control, U.S. Public Health Service, Distribution Services Section, Building 1, Room SB 36, 1600 Clifton Road, N.E., Atlanta, GA 30333, (404) 329-3219. There is no charge for this publication.

National Institute of Mental Health

According to the National Institute of Mental Health (NIMH) 15% of the population could use mental health services in a given year. NIMH conducts major surveys of facilities and patients. The Inventory of Mental Health Organizations, which will take place for the first time in 1982, will be used to survey all organizations (exclusive of Veterans Administration hospitals) which were formerly covered in the Inventory of Mental Health Facilities and the Inventory of Comprehensive Community Mental Health Centers. These include state and county mental hospitals, private psychiatric hospitals, residential

treatment centers for emotionally disturbed children, outpatient psychiatric clinics, and other mental health facilities. The Survey of Patient Characteristics—State and County Mental Hospital Inpatient Services, conducted annually, collects data on the age, sex and diagnostic distribution of the patients served.

Data on these and other NIMH surveys are listed in a number of reports. Beginning in 1980 the Division of Biometry and Epidemiology revised its publication program, and now produces the *Mental Health Service System Reports* series in eight areas: epidemiology, needs assessment and evaluation, national statistics, health/mental health research, mental health economics, information systems, methodology, and occasional papers. The *Statistical Note Series* continues to give relatively brief presentations of data on specific topics. In addition, NIMH staff members from time to time prepare special articles synthesizing data from a number of the surveys. A detailed list of all of the above publications may be obtained from the Division of Biometry and Epidemiology, Room 18C-23, NIMH, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-3343. Requestors may also inquire about the availability of unpublished data, which may be obtained in several formats.

Special Education Programs

As we reported in our last issue (May-June), the *Fourth Annual Report to Congress on the Implementation of Public Law 94-142: The Education for All Handicapped Children Act* presented to Congress by the Department earlier this year, gives figures for handicapped children served in the public school system. Currently some 4.18 million handicapped children are receiving an individualized education program.

The report gives a breakdown for totals of ten different disability groups (ages 3-21) served under P.L. 94-142 for school year 1980-81:

Speech Impaired	1,165,898
Learning Disabled	1,428,771
Mentally Retarded	738,650
Emotionally Disturbed	316,827
Orthopedically Impaired	53,381
Multi-Handicapped	59,512
Deaf and Hard of Hearing	56,045
Visually Handicapped	23,043
Deaf and Blind	1,923
Other Health Impaired	101,720

There are also totals for each state in these disability areas and separate breakdowns for children 3-5, 6-17, and 18-21.

The publication contains statistics on children served under P.L. 89-313, which authorizes comprehensive educational programs for handicapped children enrolled in state operated or supported schools. There are totals for each state and for disability groups served within the state.

Other tables address changes in numbers of children served under P.L. 94-142 and P.L. 89-313 by handicapping condition and state. Data are also given for other variables relating to the educational environments in which the children are served and to school personnel.

Copies of the *Fourth Annual Report to Congress on the Implementation of Public Law 94-142* will be available in October from the ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210, (703) 841-1212. The cost of the publication will be approximately \$13.60 plus postage. Orders must include the document number, which may be obtained from the ERIC Reference Facility, 4833 Rugby Road, Bethesda, MD 20814, (301) 656-9723.

National Center for Education Statistics

In late 1978 the National Center for Education Statistics conducted a study of handicapped students in higher education programs. The study, which was based on a stratified random sample of 700 colleges and universities, included only the following handicaps: (1) mobility impairments which make stairs and similar physical features impediments to movement, and (2) visual and hearing impairments which, even with correction, necessitate further accommodation. An estimated 57,700 students with these handicaps were enrolled in the nation's colleges and universities in the fall of 1978: 32,700 mobility impaired, 13,700 visually impaired, and 11,300 acoustically impaired individuals. These students represent one-half of one percent of all enrollments in institutions of higher education. Copies of a report issued on the study are no longer available. Persons desiring additional information on the survey may write or call the National Center for Educational Statistics, Room 1001 Presidential Building, Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20202, (202) 436-7900.

NOTE: *The Disabled College Freshman*, available free of charge from the President's Committee on Employment of the Handicapped, 1111 20th Street, N.W., 6th Floor, Washington, DC 20036, (202) 653-5044, highlights results from a private survey conducted in 1978. It is estimated that 2.6% of all beginning college freshmen in 1978 were physically disabled. However, the fact that a large number of these (31.2%) reported a visual impairment may indicate that many persons wearing eyeglasses identified themselves as physically handicapped. If the figure for visual impairments were lowered to a reasonable prevalence rate, then the total percentage of college freshmen who were physically disabled would drop significantly. Estimates are also given for hearing, speech, visual, and orthopedic impairments, learning disabilities, and "other" handicaps. Breakdowns for handicapped students and the national norm are given for the following variables: age, preparation for college, funding sources, academic aspirations and career aspirations.

White House Conference on Aging

The White House Conference on Aging, which convened in 1981, compiled statistics on aging persons, published in the *Chartbook on Aging in America*, now out of print. According to a 1979 survey of noninstitutionalized persons 65 and over conducted by the National Center for Health Statistics (NCHS), the results of which are quoted in the Chartbook, more than 80% of persons 65 and older have at least one chronic condition. The most common conditions reported were arthritis (44%), hypertension (39%), hearing impairment (28%), heart conditions (27%), visual impairment (12%) and diabetes (8%). Since multiple conditions are a common occurrence, these figures total to more than 100%.

One person in five has some limitation in the amount and kind of usual activity. Two and one-tenths percent of noninstitutionalized persons 65 and over were confined to bed, 2.6% needed help to get around in the neighborhood, and 8.4% needed help traveling outside the neighborhood. In regard to daily activities, 3.8% needed help with bathing, 2.6% needed help with dressing, 1.4% with using the toilet, and .8% with eating.

According to a 1977 NCHS survey cited in the Chartbook, the majority of persons (86% or 1.1 million individuals) residing in nursing homes were 65 or older. This figure represents less than 5% of the total population 65 or over. However, the likelihood of spending part of one's life in a nursing home increases with age. In the group aged 65-74, only one out of every 100 persons is in a nursing home on any given day. This figure climbs

to seven out of 100 persons in the 75-84 age group and to more than one out of every five persons in the 85-plus population. More than 70% of the nursing home population are women.

National Institute of Neurological and Communicative Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS), National Institutes of Health, Building 31, Room 8A-06, Bethesda, MD 20205, (301) 496-5751, publishes a free fact sheet entitled *Neurological and Communicative Disorders* (1976), which gives estimates of numbers and total annual cost of care for major chronic neurological and sensory disorders (visual impairments are not included).

In 1974 NINCDS conducted the National Head and Spinal Cord Injury Survey to determine occurrence of these injuries and associated economic costs. In 1974 there were an estimated 422,000 new cases of head injury and 10,000 new cases of spinal cord injury. The overall estimate for occurrence of head and/or spinal cord injury is 430,000, indicating relative rarity of combined cases of head and spinal cord injury. The "*Report on the National Head and Spinal Cord Injury Survey*" was published in the November 1980 supplement to the *Journal of Neurology*, available in medical libraries.

In 1975-76 NINCDS conducted the National Survey of Stroke, designed to provide statistics on the incidence, prevalence, and economic impact of hospitalized stroke. Data are listed in the "*Report on the National Survey of Stroke*," published in *Stroke*, Volume 12, Number 2, March/April 1981, Supplement Number 1. This journal may be found in medical libraries.

National Eye Institute

The National Eye Institute, National Institutes of Health, Building 31, Room 6A32, Bethesda, MD 20205, (301) 496-5248, publishes detailed statistics on visual impairments.

Center for Residential and Community Services

The Center has published the results of its surveys on residential care and deinstitutionalization, which include the *National Survey of Community Residential Facilities: A Profile of Facilities and Residents in 1977*, which may be purchased from the ERIC Document Reproduction Service, P. O. Box 190, Arlington, VA 22210, (703) 841-1212, for \$11.90 plus postage (not to exceed \$2.32). The ERIC number, ED 193-876, must be noted on orders.

Mentally Retarded People in State-Operated Residential Facilities: Year Ending June 30, 1980, which lists data from the state offices of mental retardation, is available for \$3.00 from the Center for Residential and Community Services, 207 Pattee Hall, University of Minnesota, 150 Pillsbury Drive SE, Minneapolis, MN 55455, (612) 376-5283. Requestors may also obtain a complete list of the Center's publications.

National Rehabilitation Information Center

The National Rehabilitation Information Center (NARIC, 4407 Eighth Street, N.E., The Catholic University of America, Washington, DC. 20017-2299, (202) 635-5822), disseminates on a cost recovery basis copies of the *Special Report on the Impact of the Change in the Definition of Developmental Disabilities*, published in 1981 by the Administration on Developmental Disabilities, Department of Health and Human Services. This report analyzes the change in numbers of individuals served, funds expended, and quality of services provided before and after the 1978 Amendments to the Developmental Disabilities Assistance and Bill of Rights Act, which redefined the developmentally disabled population. Data are given on numbers of

persons planned for or served in fiscal years 1978 through 1980 in several areas (basic state grants, protection and advocacy, and University Affiliated Facilities). The charge for the report is \$9.60 including postage.

The Clearinghouse publication *Digest of Data on Persons with Disabilities* (May 1979), for the most part a reprint of a publication produced by the Congressional Research Service, Library of Congress, contains statistics on disabled people prepared by federal agencies. This publication is not available from the Clearinghouse, but may be purchased for \$6.50 from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. The stock number 017-090-00050-0 should be referenced on orders.

Independent Study Sheds Light On Employment Statistics

Statistics on the employment of disabled people have been published by the Social Security Administration, whose studies have taken into account a number of variables (see previous article). However, the very detailed data gathered by the Current Population Survey (CPS), conducted annually by the Department of Labor (DOL), do not contain specific questions on health or disability status.

An independent researcher, Barbara Wolfe, an assistant professor of economics and preventive medicine at the University of Wisconsin in Madison, analyzed data from the 1977 CPS in an effort to identify disabled persons. She included in her sample the following: 1) persons receiving income from a number of assistance programs (Supplemental Security Income, workers compensation, railroad disability benefits, and disabled veterans benefits); 2) persons whose work activity was limited during the year by reason of ill health or disability; and 3) persons whose wage rates were less than one dollar and who were in certain occupations (these were assumed to be participating in sheltered workshops). The sample is limited to noninstitutionalized persons ages 20 to 64. Wolfe's findings are reported in the *Monthly Labor Review*, September 1980 issue, out of print but available at many libraries.

Wolfe found that according to her definition 12.3% of the noninstitutionalized population, ages 20 to 64, are disabled (13.5% of the men and 11.2% of the women). The disabled population tends to be older, has a higher proportion of nonwhite persons, is less likely to work, and if working, is less likely to work full time. The disabled are also less likely to be married, and tend to have less education than the nondisabled, and lower wages, even allowing for educational differences.

Labor force participation was 59% for the disabled (80% for the nondisabled). Thirty-two and one-tenths percent of disabled men and 32.4% of disabled women did not work either because they were unable or could not find work. (This compares with 1.03% of nondisabled men and 1.2% of nondisabled women.) The average wage rate per hour was \$2.57 for disabled persons, and \$4.27 for the nondisabled.

The following table, developed by Wolfe, summarizes findings on average wage rates:

Table 5. Average wage rates for disabled and nondisabled workers,¹ by education and race

Education	Disabled			Nondisabled		
	White	Nonwhite	All	White	Nonwhite	All
Men						
Total	5.77	4.22	5.62	6.72	5.16	6.58
Less than 8	\$3.54	\$2.26	\$3.35	\$4.46	\$3.91	\$4.32
8	4.95	2.52	4.67	5.20	4.77	5.16
9-11	5.04	3.13	4.74	5.53	4.61	5.39
12	5.42	4.33	5.33	6.18	5.01	6.08
13-15	5.98	5.41	5.91	6.72	5.73	6.65
16 or more	7.76	6.96	7.74	8.95	7.17	8.85
Women						
Total	2.60	2.85	2.63	4.12	3.98	4.10
Less than 8	1.57	1.23	1.45	2.82	2.64	2.77
8	2.35	2.06	2.29	3.04	2.77	2.99
9-11	1.94	2.66	2.06	3.36	3.08	3.31
12	2.52	2.81	2.55	3.88	3.78	3.87
13-15	2.90	4.83	3.19	4.26	4.41	4.28
16 or more	4.20	5.47	4.32	5.45	5.70	5.48

¹ Individuals working full-time, full-year.
SOURCE: 1977 CPS tape.

An article by Philip Rones of the Bureau of Labor Statistics, DOL (*Monthly Labor Review*, June 1981) criticizes Wolfe's use of the CPS data to identify disabled persons, explaining that many handicapped people do not receive assistance payments, do not experience limitation in work activity, and earn more than one dollar per hour. These persons would not be included in Wolfe's sample. Wolfe in her rebuttal, also contained in the June 1981 issue, counters that her study focused on individuals with work-limiting health conditions, and thus identifies fewer people than use of other definitions would.

OTA Report

(Continued from page 8)

and use of technologies (in view of shortages in a number of key areas).

A copy of the full report, *Technology and Handicapped People*, can be purchased for \$7.50 from the Superintendent of Documents, Government Printing Office, Washington, DC 20402. Requestors should reference stock number 052-003-00874-2. Supplies are limited. Free copies of the report summary (number OTA-H-180) are available from the Public Communications Office, Office of Technology Assessment, U.S. Congress, Washington, DC 20510, (202) 226-2115.

New Accessibility Information Available

The National Center for a Barrier Free Environment has added ten new titles to its ongoing series of Access Information Bulletins. The series (which includes 14 bulletins published earlier) addresses specific accessibility topics, most of which have not been covered in a comprehensive manner by other publications. The bulletins are written in layman's terms, giving background information about the issues, but they also provide detailed technical information and design graphics, rendering them of value not only to designers, but to anyone else interested in the topics of question. Each bulletin also contains a listing of other available resources. The new bulletins just published include:

- *Accessibility for Persons with Visual Impairments*, by John Templer and Craig Zimring, an eight-page bulletin which provides background information about visual impairments, discusses the question of cognitive sequential orientation and mobility, describes strategies for assisting mobility, and examines 12 typical environmental mobility problems and their solutions;
- *ANSI A117.1 (1980) Survey/Checklist*, by Nathan Ruddy, a 14-page, detailed, step-by-step survey for and checklist to evaluate design drawings or existing buildings for their compliance with the latest ANSI Standard on accessibility;
- *Architectural Barriers and People with Mental Retardation*, by Gunnar Dybwad, Arnold Gangnes, and George V. Gray. This six-page bulletin offers important background information about the seldom-considered barriers encountered by mentally retarded individuals and discusses the special needs of their user groups.
- *Curb Ramps, Parking, Passenger Loading Zones, Bus Stops*, by Hollyn Fuller, an eight page bulletin which describes in detail the essential design considerations involved in providing an accessible interface between pedestrians and vehicular travel;
- *Fire Safety*, by B. Levin, R. Paulsen, and J. Klote. In this eight-page document, the authors discuss recent trends and concepts affecting the issue of fire safety for disabled persons and describe both the principles of fire emergency planning and the actions to be taken in such an emergency;
- *Interior Furnishings and Space Planning*, by Cynthia Liebrock and Lucille Rowe, a six-page bulletin which discusses the concept of creating flexible, adaptable interior spaces that can be used by persons with a wide range of physical capabilities. Suggestions are made concerning furniture and appliance selection and arrangements/space planning;

- *Retail Accessibility*, by John P. S. Salmen. This six-page document offers basic, pragmatic information about creating retail facilities that are accessible to all people. Topics covered include site access, interior circulation, merchandise display, signage and lighting, and human elements and spaces;
- *Single Family Housing Retrofit*, by Peter Orleans, an eight-page bulletin which addresses the issue of retrofitting residential housing to accommodate the independent living needs of disabled individuals. Among the topics discussed are disability and design parameters, client assessment, residence assessment, and design suggestions for bathrooms and kitchens;
- *The Cost of Accessibility*, by Robert Scharf Associates, an eight-page document which enables the reader to make cost estimates for providing accessibility within existing facilities. Through charts listing existing conditions and suggested solutions, the reader can estimate the costs of materials and labor for each aspect of a proposed renovation; and
- *Work Place Accommodations*, by James Mueller. This eight-page bulletin discusses accommodations which can be made to the work place to facilitate the employment of disabled persons. It explains the functional limitations of persons with various types of disabilities and gives ideas for simple accommodations in the areas of controls, information display, storage, and work surface.

The National Center has also updated its earlier bulletin, *Restrooms*, by William Cochran. The revised eight-paged document contains new graphics and includes new information on bathrooms in residential facilities.

The other titles in the series of Access Information Bulletins include:

- Adaptable Housing
- Choosing an Accessibility Consultant
- Doors and Entrances
- Elevators and Lifts
- Environments for All Children
- Fixed Route vs. Paratransit Transportation
- Kitchens
- Legislative Background on Transportation Access
- Locating Accessible Facilities
- Multi-Family Housing
- Ramps, Stairs, and Floor Treatments
- Recreation
- Swimming Pools

The Access Information Bulletins are available for \$1.00 per copy (prepaid) from the National Center for a Barrier Free Environment, Suite 1006, 1140 Connecticut Avenue, NW, Washington, DC 20036.

News Briefs

Report Available on 1981 Conference on Aging

HHS Secretary Richard S. Schweiker recently transmitted to the President and released to the public the final report of the 1981 White House Conference on Aging. The three-volume report includes proposals setting forth principles, objectives and specific recommendations. Schweiker noted that among the key recommendations in the report are:

- To strengthen the Social Security system, the recommendations of the National Commission on Social Security Reform, whose bipartisan membership was appointed by the President, Speaker of the House and Majority Leader of the Senate, should be given prompt and thorough consideration by the President and Congress.
- Congress should promptly enact the legislation proposed by the President to prohibit mandatory retirement at any age.
- To increase the availability of home and community-based health care, states should develop programs under Section 2176 of the Omnibus Budget Reconciliation Act, which allow them to use Medicaid funds to provide in-home and community care services to persons eligible for Medicaid.
- Both the public and private sectors should place greater emphasis on preventive health care through effective programs aimed at promoting healthy lifestyles and preventing illness.

"This report looks ahead many years. It is a series of constructive, long-range proposals that should be studied, debated and used as a national blueprint for public policy on aging during the coming 'graying of America,'" declared Schweiker.

The final report of the conference consists of three volumes: Volume I, a proposed national aging policy; Volume II, a description of the planning and conduct of last fall's White House Conference on Aging; and Volume III, the results of the post-conference survey of all delegates and observers.

Secretary Schweiker also released a second transmittal to the President and Congress of proposed legislative and administrative actions to implement the recommendations contained in the final report.

Copies of the *Final Report: White House Conference on Aging* may be purchased as follows: Volume I, \$6, Stock No. 052-047-00032-3; Volume II, \$6, Stock No. 052-047-00030-7; Volume III, \$8, Stock No. 052-047-00031-5 (prices subject to change) from: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, (202) 783-3238.

Safety in Board and Care Homes

Richard S. Schweiker, Secretary of the Department of Health and Human Services, recently announced an eight-point plan to help improve safety conditions in the nation's estimated 30,000 board and care homes, where thousands of elderly and handicapped citizens reside. The plan would strengthen federal protections under the Keys Amendment, a law passed by Congress in 1976 following a series of fires in board and care facilities throughout the country.

The new plan involves expanded assistance to states, which are responsible for overseeing board and care facilities. It would accelerate work on a fire safety code for board and care homes, and increase protections for residents under the Supplemental Security Income and Medicaid programs. In addition, the plan will enable HHS for the first time to sanction states which fail to oversee facilities adequately.

"Congress clearly wants the Federal Government to help ensure safe conditions for board and care residents, and the Keys Amendment was meant to provide that protection," Schweiker said in announcing the new plan. "But the Keys Amendment has not been very effective in practice. These new provisions are more workable than the current program. They cover a wide front and strike the proper balance between federal protection and state responsibility. They will help the states to better carry out their role in overseeing safety in board and care homes."

The new plan follows a year-long review of board and care policy and of Keys Amendment implementation. In announcing the plan, Schweiker also released a report on board and care written by the HHS Inspector General and prepared as part of the review process. For further information, contact: Department of Health and Human Services, Office of the Inspector General, Room 5267 HHS North Building, 330 Independence Avenue, S.W., Washington, DC 20201, (202) 472-3153.

Request for Information

C.L.I.M.B. (Centers for Living Independence for the Multi-handicapped Blind) is conducting a national inquiry of services for developmentally disabled (D.D.) blind adults, including both state and local programs. The purpose is to establish a registry of programs specifically for the D.D. blind. C.L.I.M.B. will then attempt to coordinate a network of services and referrals. Any individual or agency serving the D.D. blind is invited to send information to: CLIMB, 1510 Oxley Street, Suite G, South Pasadena, CA 91030, (213) 441-4515.

Announcements

Community Partnership Awards Program

In hailing the official sanction for 1982's National Year of Disabled Persons, the National Office of Disability is emphasizing the organization of more private sector programs by providing ideas, contacts and technical assistance. Working with 55 state level and 330 national organization partners, the organization encourages community-based efforts based on concepts of self-help and partnership.

To add impetus to the 1982 observance, the group has announced a \$25,000 Community Partnership Awards Program for new and innovative community efforts of and for disabled persons. Full information on the awards, and an information kit for organizations considering adopting or expanding disability-focused programs are available from: The National Office on Disability, NYDP Awards Programs, Suite 1020, 1575 Eye Street, N.W., Washington, DC 20005, (202) 638-6011.

Guillain-Barre Syndrome Support Group Formed

The Guillain-Barre Syndrome Support Group has been formed in the Philadelphia area to assist patients with this rare, paralyzing disorder of the peripheral nerves. The group visits patients in local hospitals and assists those who must adapt to various degrees of disability. Plans include the development of support groups nationwide. The Support Group maintains a list of persons with Guillain-Barre syndrome located throughout the U.S., and when possible refers Guillain-Barre patients to other persons with this condition in their geographic area. A publication, *Guillain-Barre Syndrome, An Overview for the Layperson*, is available at no charge from the Guillain-Barre Syndrome Support Group, 1305 Wyngate Road, Wynnewood, PA 19096. Telephone calls should be directed to Robert and Estelle Benson, (215) 649-7837 or 896-6372.

Career Opportunities Defense Mapping Agency

The Defense Mapping Agency (DMA) was established in 1972 to provide mapping, charting, and geodesy support to the Armed Forces and other national security operations. DMA also serves the needs of the U.S. Merchant Marine and navigators worldwide.

DMA is recruiting qualified handicapped citizens to assist in carrying out its assigned mission. DMA employs over 8,500 people in 40 locations around the world who

perform tasks related to cartography, oceanography, geodesy, geography, mathematics, physics, geology, forestry, electronics, graphic arts, geophysics, engineering, and computer sciences, as well as in the supporting fields. While most DMA employment is contingent upon competitive hiring procedures, certain positions are exempt. DMA provides reasonable accommodations and necessary services to enable disabled individuals to perform their assigned duties.

A brochure entitled *Career Opportunities for Disabled Persons* and more detailed information are available from Mr. Paul A. Hayduk, Defense Mapping Agency, Civilian Personnel Division, Bldg. 56., U.S. Naval Observatory, Washington, DC 20305, (202) 254-4905.

Conference on Nonspeech Communication

The third annual Southeast Nonspeech Communication Conference will be held October 1-2, in Birmingham, Alabama. The conference, sponsored by the Alabama Mental Health/Mental Retardation Division and the Center for Developmental and Learning Disorders, University of Alabama in Birmingham, will feature Dr. David E. Yoder of the University of Wisconsin, who will present information on "Developing Communication Behavior for Severely Handicapped Persons" and "Improving Conversational Interactions with Persons Using Augmentative Systems." Other speakers will cover "The Relationship of Pragmatics to Nonspeech Communication," "Disciplinary Responsibilities," "Positioning," "Student Made Electronic Communication Aids," "Teaching Methods in the Public Schools," "Metalanguage Procedures in Language Instruction," "Programming with the Severe/Profound Mentally Retarded," and "Amer-Ind. Gestural Code." For further information, contact: Division of Continuing Medical Education, 127 Community Health Services Building, University Station, Birmingham, AL 35294, (205) 934-2687.

Request for Information

The *National Square Dance Directory*, a comprehensive listing of when and where to square dance in the United States, Canada, and around the world, will include information on handicap square dance clubs in its upcoming 1983 edition. The editors are seeking information on these groups prior to the deadline of November 1, 1982. There is no charge for listing clubs in the Directory, which has over 8,000 listings for square dance, round dance, contra and clogging clubs. Write: National Square Dance Directory, P.O. Box 54055, Jackson, MS 39208, (601) 825-6831.

Announcements

New Travel Association

The AWill/AWay RVers Association, Inc., a nonprofit organization, has been formed to assist and support people with health problems or disabilities in recreational vehicle traveling. It is the aim of AWill/AWay to prove that "Where there's a will, there's a way," and to make the means to that way as accessible and pleasant to its members as possible. A number of AWill/AWay services are also available to nonmembers, and to those who travel by bus, car, train or plane.

Individuals or families with a disabled member contact AWill/AWay at least 30 days before a planned trip, with information about the region(s) of the U.S. they plan to cover and the names and locations of the private campgrounds, National/State Parks, etc. where they will be staying. They will receive a tailored package of information including a special checklist related to home, medical, and recreational vehicle safety; a list of safety-oriented and practical tips for the health-impaired and disabled traveler; names and addresses of doctors, veterinarians, hospitals, kennels en route; and when possible, where help is available in case of a mechanical breakdown. Information is furnished regarding access to airports, major hotels, rest areas for handicapped, national parks, and international traveling.

AWill/AWay also sponsors, in cooperation with the Association Nationale des Polios et Infirmes Moteurs de France, a "vacation exchange" program between American and French individuals with disabilities.

For more information, send a self-addressed stamped, business-size envelope to: AWill/AWay RVers Association, Inc., 59 Tahattawan Road, Littleton, MA 01460.

Urinary Care Management

Although self urinary care management is not often seen as the most important aspect of the rehabilitation process, it *can* often determine the ultimate lifestyle of a handicapped individual in terms of his independence on a day to day basis.

The Rehabilitation Institute of Chicago has developed a videotape to demonstrate the use of a functional orthosis for independent urinary care management with the C6 or C7 quadriplegic and to instruct occupational therapists and other health professionals in the evaluation of a potential candidate for independence in urinary care management. It will also be helpful to individuals with quadriplegia. The ¾" videocassette (32 minutes, color, with instructional study guide) may be rented for \$35 or purchased for \$100. Additional study guides are \$2.00 each. Contact: Education and Training Center, Rehabilitation Institute of Chicago, 345 E. Superior St., Chicago, IL 60611.

1983 Ski for Light Applications Available

The ninth annual Ski for Light International will be held at Telemark Lodge, Cable, Wisconsin, February 27-March 6, 1983. Ski for Light International, sponsored by HEALTHsports, Inc., in cooperation with the Sons of Norway and the ULLR Ski Club, is a week long program designed to introduce visually impaired and other physically disabled adults to cross-country skiing. All instruction and skiing is done on a one-to-one basis with an instructor assigned to each individual for the entire week. The major emphasis of the program is on learning an activity that a participant can take back home to enjoy with able-bodied as well as disabled friends. The cost is \$300 for first-timers and \$350 for repeaters, which includes room and board based on double occupancy, equipment, transportation to and from Telemark Lodge from the Mpls./St. Paul airport. Stipends are available for first-time participants based on need. Contact: Grethe Winther, Screening Coordinator, P.O. Box 2971, Reston, VA 22091.

Windmills

"Windmills," an awareness training program developed by the California Governor's Committee for Employment of the Handicapped as an International Year of Disabled Persons project, is receiving attention as an effective weapon against attitudinal barriers faced by persons with disabilities seeking employment opportunity. The format consists of twelve one-hour training modules to be used separately, together, or in connection with other training materials. The modules deal with everyday work-related experiences which participants can easily relate to their own work situations. Training kits include slides and program aids, and can be purchased for \$200 plus \$5 shipping. Contact: Governor's Committee for Employment of the Handicapped, 800 Capitol Mall, MIC 41, Sacramento, CA 95814, (916) 323-2545 (Voice or TDD). Training kits may be purchased directly from: ADEPT, 14547 Titus Street, Suite 110, Panorama City, CA 91402, (213) 782-3378.

NEW PUBLICATIONS

PRODUCTS AND DEVICES

The 1982-83 edition of the Accent on Living *Buyer's Guide* is now available. The Guide is intended to make handicapped people and individuals who work with them aware of the increasing number and variety of products available for disabled persons and acquaint them with the manufacturers of the various products and devices. Products are classified under 32 major categories. At the conclusion of each major section, there is a list of publications, films, and cassettes relating to that topic. This third edition of the Guide includes a new section featuring local rehab dealers listed by state and city. Several dealers are located in Canada also. Order this 125 page paperback book at \$10 plus \$.65 shipping from: Accent, P.O. Box 700, Bloomington, IL 61701.

CHILD ABUSE

The Disabled Child and Child Abuse by Donald F. Kline, Ph.D., professor and head of the Department of Special Education at the Utah State University, is now available. Since there is evidence that the handicapping conditions of disabled children may increase their susceptibility to child abuse, the National Committee for Prevention of Child Abuse (NCPCA) has produced this foldout of information to help answer many of the questions often asked in this connection. It includes guidance for parents in locating services and sources of information and assistance in raising a handicapped child. The NCPCA Information Packet is free upon request from: National Committee for Prevention of Child Abuse, 332 S. Michigan Ave., Suite 1250, Chicago, IL 60604-4357, (312) 663-3520.

CRAFTS

Crafts and the Disabled by Enid Anderson is intended as an instruction tool for volunteers, friends, or those who are employed in teaching crafts to individuals with disabilities. Part I of the book deals with professional practice and approach, teaching methods, visual aids, craft aids, craft shows, and outings. Part II contains descriptions of a number of crafts, listing techniques and materials with suggestions and instructions for items that can be made with the different techniques. The crafts include patchwork, puppetry, soft toy making, stool seating, paper sculpture, macrame, copper and pewter modeling, and collage. This 144 page hardbound book is available at \$19.95, or send for a complete list of Batsford craft books from: B. T. Batsford, North Pomfret, VT 05053, (802) 457-1911.

EDUCATION

Educating the Chronically Ill Child by Susan Kleinberg, Director of Child Life and Education, Mt. Washington Pediatric Hospital, Baltimore, Maryland, was written primarily for those who encounter the chronically ill child in an educational context—teachers of the homebound or hospitalized, special education teachers, regular teachers with a chronically ill child in the classroom, and hospital-based educational staff. Part I provides a historical background of programs designed for the education of the child with chronic illness, a discussion of the current legal perspective, and a review of normal growth and development as it pertains to psychosocial issues affecting the chronically ill child. Chapter 3 examines the overall effects of chronic illness on children and their families. Part II clusters common diseases by category in terms of their common distinctive impacts upon the child's development, rather than in terms of medical diagnostic categories. Part III focuses on the teacher's role as a member of an interdisciplinary team and provides guidelines for effective communication with health professionals. Throughout the book, emphasis is placed upon the complex interplay of genetic, environmental, familial, and social factors as they affect the chronically ill child. This 350 page hardcover book is available at \$27.95 from: Aspen Systems Corporation, P.O. Box 6018, Gaithersburg, MD 20877, (800) 638-8437 (in Maryland, call (301) 251-5233).

Career-Vocational Education for Handicapped Youth, by Sidney R. Miller, Ph.D., and Patrick J. Schloss, Ph.D. is a comprehensive guide to planning and implementing individualized educational programs to prepare handicapped adolescents for independent adult lives. It was developed for classroom teachers, special education teachers, vocational teachers, counselors, and program planners who are attempting to help students who lack confidence to perform simple or complex tasks; show potential for learning, but lack motivation; need to learn basic survival skills; display disruptive social behavior; have difficulty accepting criticism; frequently fail to produce work of acceptable quantity or quality; do not adhere to a work/school schedule; and/or seldom experience success in an academic setting. The book includes effective strategies for managing the critical relationships between the handicapped adolescent, the school, outside support agencies, and the employer, with forms, checklists, and concept-to-action charts to help the educator put the ideas to immediate use. This hardcover, 384 page book is available at \$29.75 postpaid from: Aspen Systems Corporation, P.O. Box 6018, Gaithersburg, MD 20877.

NEW PUBLICATIONS

HOUSING AND ATTENDANT CARE

Access to Independence, an independent living center in Madison, Wisconsin, has announced the availability of two new publications: *Housing Services for People with Physical Disabilities* is designed to be a resource to those who are developing and/or offering housing services. Topics include: useful tips for conducting a needs assessment; how to uncover existing accessible housing; how to survey for accessibility; possible funding sources for modifications; an explanation of current federal programs for rental housing; information clarifying often-asked questions about disabled tenants and assisted housing; information on client services; how to prepare information for direct client use; resources and a bibliography. Available at \$12 postpaid.

Consumer's Guide to Attendant Care is a step-by-step guide for disabled persons to learn and implement the management and direction of their attendant care, from writing the job description to training the attendant and keeping records. For disabled customers, the cost is \$6 postpaid; for others, the cost is \$8.50. Make checks or money orders payable to Access to Independence, and send to 1954 East Washington Avenue, Madison, WI 53704.

INDEPENDENT LIVING

The Role of the Independent Living Counselor by Richard T. Roessler, was released in March 1982. This publication addresses the advocacy, counseling and case management skills needed by the independent living counselor and closes with a case management tool which underscores the importance of needs assessment, goal-setting, and program monitoring. It is intended as an initial step in describing the concrete responsibilities of the independent living counselor toward enabling the individual to meet personal needs in order to function more fully in home, community, and if appropriate, employment. Includes a reference section. *The Role of the Independent Living Counselor*, item #1174, is available at \$2 with checks payable to the Arkansas Rehabilitation Research and Training Center from: Publications Department, ARR&TC, P.O. Box 1358, Hot Springs, AR 71901.

REHABILITATION

Selected Aspects of Financial Management in Rehabilitation Facilities: A Resource Manual has been developed by the National Association of Rehabilitation Facilities and the Materials Development Center at Stout Vocational Rehabilitation Institute. The manual is designed for rehabilitation facility administrators to improve their knowledge and upgrade skills in selected aspects of financial management. Each chapter introduces a new topic of concern on financial management, and allows the reader to test his or her knowledge on the topic through the use of a practice exercise. The manual was designed to assist the administrator in directing/leading the financial management function as opposed to carrying out every step of the process. It was written for the moderate sized rehabilitation facility that places considerable responsibility on the executive for financial decision-making. Background materials are suggested for the new facility executive with limited or no background in rehabilitation and/or rehabilitation facilities. The manual, a 140-page softbound book, is available at \$14 to members of the National Association of Rehabilitation Facilities and at \$18 to all others from: Materials Development Center, University of Wisconsin-Stout, Menomonie, WI 54751.

Women and Rehabilitation of Disabled Persons is a monograph of the proceedings of the Sixth Mary E. Switzer Memorial Seminar held in November 1981. It contains five chapters focussing on disabled women and employment, access to benefits and services, special populations, and international programs for disabled women. One chapter is devoted to the leadership role of women in rehabilitation. The monograph contains implications and recommendations for action for service delivery, program and policy development, research, training and legislation. It is intended for use by practitioners, policy makers, educators, researchers, legislators, or anyone interested in providing better service to women with disabilities. Available at \$10 postpaid with check or money order payable to Switzer Memorial Fund from: Switzer Memorial Fund (Monograph #6), National Rehabilitation Association, 633 S. Washington Street, Alexandria, VA 22314.

New Federalism

(Continued from page 5)

mediate needs for this Fiscal Year, and our anticipated needs to operate in Fiscal Year 1983.

Let me turn now to some of the major initiatives we plan to undertake this year, which cut across program lines in the Office of Human Development Services—programs for the aging, for children, youth and families, for Native Americans—as well as for the developmentally disabled.

ADD is the lead agency in the Office of Human Development Services for the Appropriate Care Initiative. The purpose of the Appropriateness of Care Initiative is to identify opportunities for private sector involvement, and indirect service activities which can expand, supplant, or improve services to people already institutionalized, or at risk of institutionalization.

The initiative focuses on two basic services: case management, and alternative family-scale community living arrangements, which are common to the needs of three target populations. These populations are: the developmentally disabled of all ages; the elderly; and children with special needs who are currently or at risk of being institutionalized.

The objective is to identify barriers to increased involvement of the private sector and indirect service activities which will result in the postponement or the prevention of placement of people in institutions, and to promote the return to the community of people already institutionalized.

A series of Delivery Level Reviews (DLRs) will be conducted to obtain anecdotal and creative opportunities for private sector involvement and indirect service influence to promote activities and services which expand this philosophy. The DLRs will be conducted in: Rhode Island, New Jersey, Pennsylvania, Florida, Illinois, Texas, Nebraska, Wyoming, Arizona, and Oregon. The final report, with recommended Departmental actions, will be completed in the first Quarter of Fiscal Year 1983.

Only recently, my agency has been given the lead role in another important activity: coordination and implementation of the Secretary's Eight Point Plan to improve the Department's administration of its responsibilities under the Keys Amendment. These Board and Care issues not only cover matters related to safety regulations which have been under review for several years—but also matters of Medicaid waivers which will give greater flexibility to States that want to reduce even further the patient populations in Intermediate Care facilities. I certainly don't need to tell this audience how important a change from present practice this initiative represents. To put it mildly, this will be a giant step forward in addressing issues related to group homes and other board and care facilities. Model Statutes for board and care homes, as well as appropri-

ate Life and Fire Safety Codes, will result from this activity. We also will be addressing protection issues connected to the assignment of representative payee status to board and care home operators.

Despite all these new approaches, let me say this clearly: The DD Act has not been changed. The method of administering it is being modified, within the law. All of the duties and responsibilities written into the DD Act remain. By removing much of the burden of Federal reporting and regulatory requirements from State staff, we are expecting that more of the State agency's attention will be shifted to service delivery matters rather than Federal regulations. And I see that as a potential benefit for the developmentally disabled citizens.

Deafnet

(Continued from page 7)

If, for example, two persons agree to hold a meeting at a given time, they can communicate with each other by sending messages to one another's mailboxes. Each person scans his mailbox, retrieves the message, and then responds. This technique of sending and scanning for messages is quite successful, and provides links between two or more participants.

As with persons in the SRI project, this group of Deaf Netters praised the system. "For the first time, a new communication technology, electronic mail, promises to mean as much or perhaps more to the deaf than to the hearing," says Mary Robinson, executive director of DCI.

"I have found the electronic mail system provided by DCI through teletype to be invaluable both in my present continuing education and in my future professional plans," says John Boyer, a deaf-blind college student in Wisconsin.

Another Deaf Net user stated, "... It's a real blast being able to make up a message and send it to one, or to as many as you wish ... knowing that you will not be interrupting or bothering anyone other than a cat trying to sleep on top of the terminal."

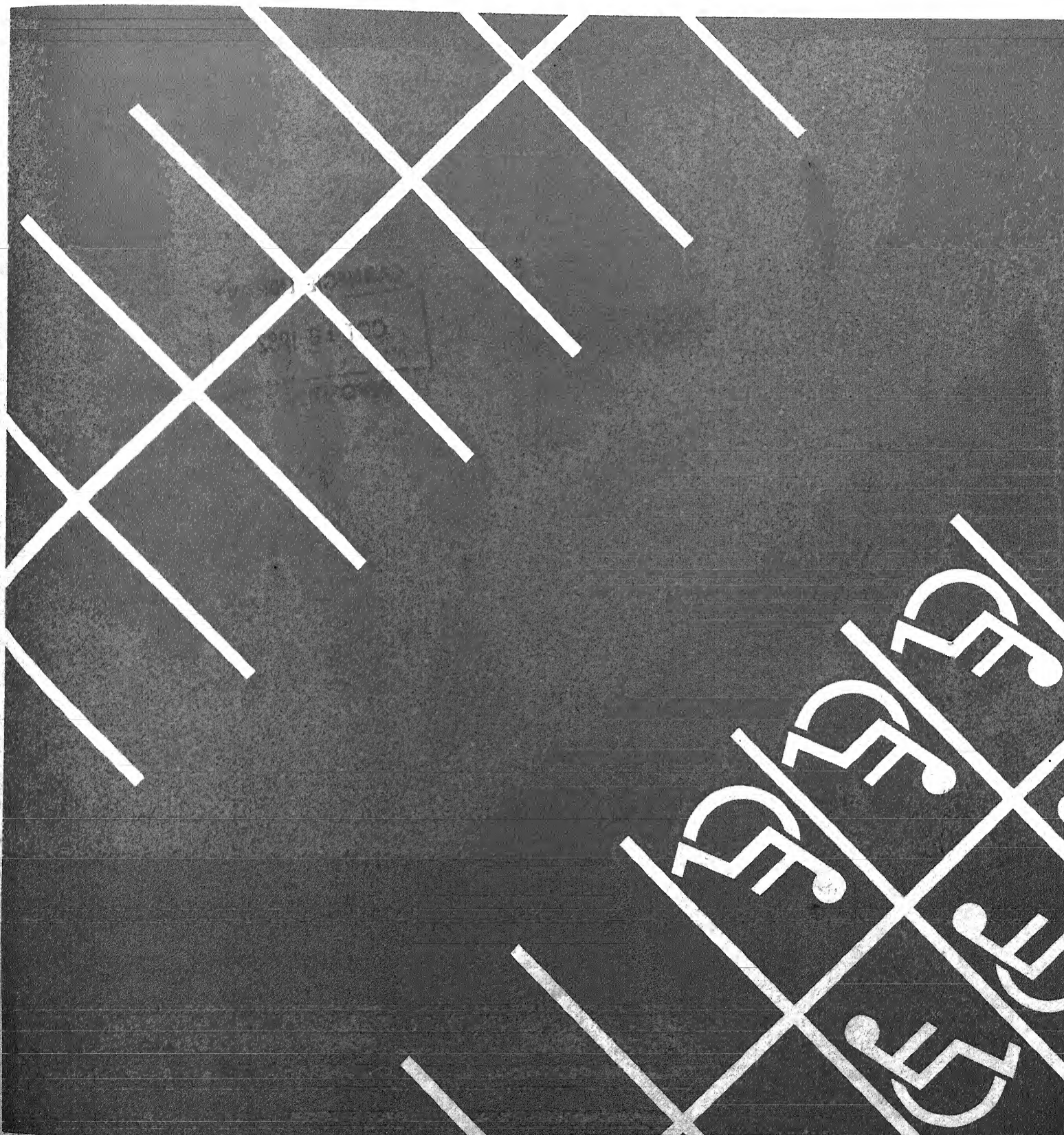
In short, Deaf Net works.

In discussing the potential for establishing a nationwide Deaf Net, SRI said, "We have found that the deaf community is receptive to the new concepts and communications services ... However, the necessary requirements for these concepts to be generally accepted and useful are adequate training, appropriate documentation, and a stable system. While these attributes are important in any service delivery to consumers, they are doubly important to the deaf community.

"... Continued research will build on the existing foundation, improving the demonstration system so that it evolves toward the goal of a nationwide services network for the deaf."

Fill These Spaces

Employ Disabled People



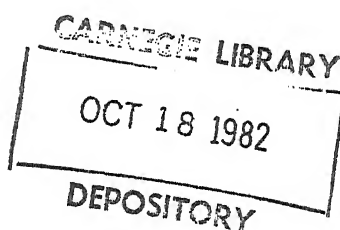
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